IPDR6702				NORTH CAROLINA		PAGE:	1	1
	: 10/17/2004		IPRS	CHECKWRITE SUMMARY REPORT				
			CF	BECKWRITE DATE: 10/19/2004				
				FINANCIAL PAYER: NCDMH			+	
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8505	2006	CLAIM DENIED DUE TO INSUFFICIE				-
	H/DD/SAS			NT BUDGET				
							-	
		8599	132	DETAIL NOT COVERED BY COMBINAT	4	0 2256	2423	167
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.			-	
		8800	43	FURTHER PROCESSING NECESSARY,				-
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404902	BLUE RIDGE COMM	0	0	*** NO DATA TO REPORT ***				-
	UNITY							
							-	
		0	0			0 0	0	
3404904	MEGREDM LICHTAN	8599	473	DETAIL NOT COVERED BY COMBINAT			+	-
	WESTERN HIGHLAN DS LME		1	ION OF RECIPIENT, PROVIDER AND			<u> </u>	
				BENEFIT PACKAGE.				
		8517	145	CLAIMS DENIED, SUBMITTED BEYON	4	6 873	1405	5 532
		1	-	D FILING TIMELIMIT. JULY	4	873	1405	532
				THROUGH APRIL DOS MUST BE SUBM				
		8518	74	CLAIM DENIED, SUBMITTED BEYOND				-
				FILING TIMELIMIT. MAY AND			+	+
				JUNE DOS MUST BE SUBMITTED BY				
3404905		8525	73	CLAIM DENIED, REFERRING PROVID				
3404303	TREND COMM MENT AL HLTH CTR	0020		ER MUST BE AN LMA.			+	-
	-							
		191	1	CLIENT ID NUMBER DOES NOT MATC				
			-	H PATIENT NAME		0 74	74	- 0
2404907		0	0	*** NO DATA TO DEDODT ***				
3404907	RUTHERFORD-POLK	U	0	*** NO DATA TO REPORT ***			+	1
		0	0					
		U	0	+		0 0	0	0
3404910	PATHWAYS	8329	91	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS				
				THE LMA		-	+	1
								-
		8621	25	60 RESIDENTIAL LEVEL III TREAT		0 164	500	336
				MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				-
								-
		8599	22	DETAIL NOT COVERED BY COMBINAT				
		+		ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.		1	+	
3404912	CATAWBA COUNTYM	8931	101	AMTNC INELIGIBLE TO RECEIVE SE			<u> </u>	
	ENTAL HEALT	+		RVICES IN IPRS.				-
		8599	18	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	10	4 154	1125	971
		+		ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				-
							<u> </u>	<u> </u>
		8000	15	NO RATE AVAILABLE ON FILE TO P				1
		+		RICE THIS CLAIM DETAIL				-
							<u> </u>	
3404913	MECKLENBURG COM	8599	1101	DETAIL NOT COVERED BY COMBINAT				1
	ENTAL HEALT	+		ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				-
							<u> </u>	
		8517	944	CLAIMS DENIED, SUBMITTED BEYON	126	6 5690	10995	5 5305
				D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM		1	1	1
		+					<u> </u>	
		8329	739	CLAIM DENIED ATTENDING PROVIDE		+	1	
		0329	133					
		0323	7.33	R CANNOT BE THE SAME AS THE LMA				

		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
PROVIDER NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
HONDEN	PROVIDER NAME	1000	DENTITED	DEDOCAL TECH	DENIALS	DENIALS	FINALIZED	PAID
3404916	CROSSROADS BEHA	8517	455	CLAIMS DENIED, SUBMITTED BEYON				
	VIORAL HEAL			D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		8518	368	CLAIM DENIED, SUBMITTED BEYOND	6	919	6722	5803
				FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY				
				JUNE DOS MUST BE SUBMITTED BY				
		8599	35	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404917	CENTERPOINT HUM	8599	774	DETAIL NOT COVERED BY COMBINAT				
	AN SERVICES			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	164	CLIENT NOT ELIGIBLE ON SERVICE				
		11	104	DATE	150	1179	2441	1262
				2012.20				
		8935	84	ASTNC INELIGIBLE TO RECEIVE SE				
			1	RVICES IN IPRS.				
3404918	ROCKINGHAM CO M	11	279	CLIENT NOT ELIGIBLE ON SERVICE				
	ENTAL HEALT		1	DATE				
			1					
		0	0			279	280	1
			+		0	279	280	1
			1					
3404919	GUILFORD CO MEN	8599	182	DETAIL NOT COVERED BY COMBINAT				
	TAL HEALTHC			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	44	AMTNC INCLIGIBLE TO RECEIVE SE	96	339	3346	3007
				RVICES IN IPRS.				
		8935	40	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404920	ALAMANCE CASWEL	0	0	*** NO DATA TO REPORT ***				
	L AREA MH D							
		0	0					
		0	0		0	0	0	0
3404921	ORANGE PERSON C	8329	666	CLAIM DENIED ATTENDING PROVIDE				
	HATHAM AREA			R CANNOT BE THE SAME AS				
				THE LMA				
-		1.	1					
		5312	581	PRIOR AUTHORIZED DOLLARS EXCEE	33	1732	3903	2171
		5312	581	PRIOR AUTHORIZED DOLLARS EXCEE DED	33	1732	3903	2171
		5312	581		33	1732	3903	2171
				DED	33	1732	3903	2171
		5312	161	DETAIL NOT COVERED BY COMBINAT	33	1732	3903	2171
				DED	33	1732	3903	2171
				DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	33	1732	3903	2171
3404922	THE DURHAM CENT			DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE	33	1732	3903	2171
3404922	THE DURHAM CENT	8599	161	DETAIL NOT COVERED BY COMBINAT ION OF RECEPTENT, PROVIDER AND BENEFIT PACKAGE.	33	1732	3903	2171
3404922		8599	161	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE	33	1732	3903	2171
3404922		8599	161	DETAIL NOT COVERED BY COMBINAT TON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE	33			
3404922		8599	161	DEED DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ELIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED ATTENDING PROVIDE	333	1732		
3404922		8599	161	DEED DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS	33			
3404922		8599	161	DEED DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ELIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED ATTENDING PROVIDE	33			
	ER	8599	161	DEED DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS	33			
	ER VGFW AREA AUTHO	8599 11 8329	161	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE IMA	0			
3404922	ER	8599 11 8329	161	DEED DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE IMA DETAIL NOT COVERED BY COMBINAT	0			
	ER VGFW AREA AUTHO	8599 11 8329 8599	161 343 2 2 466	DEED DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED ATTENDING PROVIDE R CASNOT BE THE SAME AS THE IMA DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0			
	ER VGFW AREA AUTHO	8599 11 8329	161	DEED DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0			
	ER VGFW AREA AUTHO	8599 11 8329 8599	161 343 2 2 466	DEED DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED ATTENDING PROVIDE R CASNOT BE THE SAME AS THE IMA DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	345	345	0
	ER VGFW AREA AUTHO	8599 11 8329 8599	161 343 2 2 466	DEED DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED ATTENDING PROVIDE R CASNOT BE THE SAME AS THE IMA DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	345	345	0
	ER VGFW AREA AUTHO	8599 11 8329 8599	161 343 2 2 466	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. LIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE IMA DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM	0	345	345	0
	ER VGFW AREA AUTHO	8599 11 8329 8599	161 343 2 2 466	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE IMA DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM	0	345	345	0
	ER VGFW AREA AUTHO	8599 11 8329 8599	161 343 2 2 466	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. LIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE IMA DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM	0	345	345	0

PROVIDER		HIGH DENIAL	NUMBER OF		mico	moma -	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC DENIALS	TOTAL	CLAIMS FINALIZED	CLAIMS
TOTALDATE	PROVIDER NAME	1000	Dantitad	2200121100	DENIALS	DENIALS	FINALIZED	PAID
3404925	SANDHILLS CENTE	8599	387	DETAIL NOT COVERED BY COMBINAT				
	R FOR MH/DD			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		10	372	DIAGNOSIS OR SERVICE INVALID F	103	1817	6823	5006
				OR CLIENT AGE. VERIFY CID,				
				DIAGNOSIS, PROCEDURE CODE FOR				
		21	276	DUPLICATE OF CLAIM-SYSTEM				
2404006								
3404926	SOUTHEASTERN RE	11	611	CLIENT NOT ELIGIBLE ON SERVICE DATE				
	G MENTAL HL							
		8517	131	CLAIMS DENIED, SUBMITTED BEYON	110	1148	3747	2599
				D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		8599	96	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404927	CUMBERLAND CO M	8505	237	CLAIM DENIED DUE TO INSUFFICIE				
	HC			NT BUDGET				
	1	8599	180	DETAIL NOT COVERED BY COMPINAT	1			
	+	0.33	200	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	635	2574	1939
	1			BENEFIT PACKAGE.				
	1	8517	63	CLAIMS DENIED, SUBMITTED BEYON				
				D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
3404929	LEE HARNETT MH/	8952	14	CLAIM DENIED DUE TO AGE RESTRI				
	DD/SAS			CTIONS FOR TARGET POPULATION				
		8599	13	DETAIL NOT COVERED BY COMBINAT	0	53	394	341
				ION OF RECIPIENT, PROVIDER AND			334	51.
				BENEFIT PACKAGE.				
		11	9	CLIENT NOT ELIGIBLE ON SERVICE				
			3	DATE				
3404930	JOHNSTON COUNTY	8931	114	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
	MNTL HLTHC			RVICES IN IFRS.				
		8599	59	DETAIL NOT COVERED BY COMBINAT	147	303	3925	3622
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		10	51	DIAGNOSIS OR SERVICE INVALID F				
				OR CLIENT AGE. VERIFY CID,				
				DIAGNOSIS, PROCEDURE CODE FOR				
3404931		143	27	CLIENT ID NUMBER NOT ON STATE				
2404331	WAKE CO HUM SVC BILLING OF	143	27	ELIGIBILITY FILE				
		1			1			
		0500	0.4					
	-	8599	24	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	59	76	17
	+	-		ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1			
	1	1			1			
		23	8	SERVICE REQUIRES PRIOR APPROVA				
				L				
	1	1			1			
3404932	RANDOLPH/SANDHI	0	0	*** NO DATA TO REPORT ***				
	LLS CO MH C							
	1	0	0		-	-	-	
	1		~		0	0	0	C
	1							
3404933	SOUTHEASTERN CT	8599	34	DETAIL NOT COVERED BY COMBINAT				
	R FOR MH/DD	1		ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
	+			DENEFII FAURAGE.				
	1	8000	22	NO RATE AVAILABLE ON FILE TO P	21	129	1702	1573
				RICE THIS CLAIM DETAIL			2702	
	1	11	21	CLIENT NOT ELIGIBLE ON SERVICE	1			
	+	**		DATE	1			
	1	+	 	<u> </u>		1		

PROVIDER		UTCU DENTAT	NITIMOPE CT		_		TOTAL	TOTAL
		HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EUBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404934	ONSLOW COUNTY B	8599	96	DETAIL NOT COVERED BY COMBINAT				
	EHAVIORAL H			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8517	73	CLAIMS DENIED, SUBMITTED BEYON	0	272	670	398
				D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
				THROUGH AFRIE DOS MOST BE SOBM				
		8518	63	CLAIM DENIED, SUBMITTED BEYOND				
				FILING TIMELIMIT. MAY AND				
				JUNE DOS MUST BE SUBMITTED BY				
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
		0	0		0	0	0	
3404936	WILSON-GREENE M	11	31	CLIENT NOT ELIGIBLE ON SERVICE				
	ENTAL HEALT			DATE				
	-	8931	19	AMTNC INELIGIBLE TO RECEIVE SE	1			
		0,731	-7	RVICES IN IPRS.	25	97	1164	1067
		1			1			
		8517	11	CLAIMS DENIED, SUBMITTED BEYON				
				D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
2404027		8517	40	CINIMO DENTED CHEMITATES DEVON				
3404937	EDGECOMBE NASH	0311	***	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY	+			
	MNTL HLTH C			THROUGH APRIL DOS MUST BE SUBM				
		21	15	DUPLICATE OF CLAIM-SYSTEM	3	68	1485	1417
		0500						
		8599	5	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404938	VGFW DBA RIVERS	10	34	DIAGNOSIS OR SERVICE INVALID F				
	TONE COUNSE			OR CLIENT AGE. VERIFY CID,				
				DIAGNOSIS, PROCEDURE CODE FOR				
		8599	34	DETAIL NOT COVERED BY COMBINAT	23	113	1025	912
		8599	34	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	23	113	1025	912
		8599	34	DETAIL NOT COVERED BY COMBINAT	23	113	1025	912
		8599	34	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	23	113	1025	912
			34	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	23	113	1025	912
			34	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SENEFIT PACKAGE. PROCEDURE CODE, PROCEDURE/MODI	23	113	1025	912
		24	17	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION ON PROCEDURE CODE/TYPE OF SERVICE COMBINATI	23	113	1025	912
3404939	NEUSE MENTAL HE		17	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI DETAIL NOT COVERED BY COMBINAT	23	113	1025	912
3404939	NEUSE MENTAL HE ALTH CENTER	24	17	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SENEFIT FACKAGE. PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	23	113	1025	912
3404939		24	17	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI DETAIL NOT COVERED BY COMBINAT	23	113	1025	912
3404939		24	34 17 77	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SENEFIT FACKAGE. PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	23	113		
3404939		24	17	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. BENEFIT PACKAGE. CLAIMS DENIED, SUBMITTED BEYON O FILING TIMELIMIT. JULY	23		1025	912
3404939		24	17	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SENEFIT PACKAGE. PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SENEFIT PACKAGE. CLAIMS DENIED, SUBMITTED BEYON	23			
3404939		24	17	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SENEFIT FACKAGE. PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION ON PROCEDURE CODE/TYPE OF SERVICE COMBINATI DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SENEFIT PACKAGE. CLAIMS DENIED, SUBMITTED BEYON D FILING TIMBLIMIT. JULY THROUGH AFAIL DOS MUST BE SUBM	23			
3404939		24	17	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINAT DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT, JULY THROUGH APRIL DOS MUST BE SUBM DIAGNOSIS OR SERVICE INVALID F	23			
3404939		24	17	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SEMEPIT PACKAGE. PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OF PROCEDURE CODE/TYPE OF SERVICE COMBINAT ION OF RECIPIENT, PROVIDER AND SEMEPIT PACKAGE. CLAIMS DENIED, SUBMITTED BEYON OF FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID,	23			
3404939		24	17	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINAT DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT, JULY THROUGH APRIL DOS MUST BE SUBM DIAGNOSIS OR SERVICE INVALID F	23			
3404939	ALTH CENTER	24	17	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SEMEPIT PACKAGE. PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OF PROCEDURE CODE/TYPE OF SERVICE COMBINAT ION OF RECIPIENT, PROVIDER AND SEMEPIT PACKAGE. CLAIMS DENIED, SUBMITTED BEYON OF FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID,	23			
	ALTH CENTER	8599 8517	77 76 43	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIMS DENIED, SUBMITTED BEYON D FILING TIMBLIMIT. JULY THROUGH APRIL DOS MUST BE SUBM DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR	23			
	ALTH CENTER	8599 8517	77 76 43	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIMS DENIED, SUBMITTED BEYON D FILING TIMBLIMIT. JULY THROUGH APRIL DOS MUST BE SUBM DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR	0			
	ALTH CENTER	24 8599 8517 10	77 76 43	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SENEFIT FACKAGE. PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINAT ION OF RECIPIENT, PROVIDER AND SENEFIT FACKAGE. CLAIMS DENIED, SUBMITTED BEYON OF FILING TIMELIMIT. JULY THROUGH AFRIL DOS MUST BE SUBM DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR DUFLICATE OF CLAIM-SYSTEM	0	326	1422	1096
	ALTH CENTER	8599 8517	77 76 43	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION ON PROCEDURE CODE/TYPE OF SERVICE COMBINAT DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR DUPLICATE OF CLAIM-SYSTEM	0			
	ALTH CENTER	24 8599 8517 10	77 76 43	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SEMEFIT PACKAGE. PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINAT ION OF RECIPIENT, PROVIDER AND SEMEFIT PACKAGE. CLAIMS DENIED, SUBMITTED BEYON OF FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	326	1422	1096
	ALTH CENTER	24 8599 8517 10	77 76 43	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION ON PROCEDURE CODE/TYPE OF SERVICE COMBINAT DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR DUPLICATE OF CLAIM-SYSTEM	0	326	1422	1096
	ALTH CENTER	24 8599 8517 10 21	77 76 43	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SEMEFIT PACKAGE. PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINAT ION OF RECIPIENT, PROVIDER AND SEMEFIT PACKAGE. CLAIMS DENIED, SUBMITTED BEYON OF FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	326	1422	1096
	ALTH CENTER	24 8599 8517 10	17 77 76 43 203	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINAT DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	326	1422	1096
	ALTH CENTER	24 8599 8517 10 21	17 77 76 43 203	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SENEFIT FACKAGE. PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION ON PROCEDURE CODE/TYPE OF SERVICE COMBINATI DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SENEFIT PACKAGE. CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. PROCEDURE IS NOT COVERED FOR T	0	326	1422	1096
3404941	ALTH CENTER	24 8599 8517 10 21 8599	17 77 76 43 203	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIMS DENIED, SUBMITTED BEYON D FILING TIMBLIMIT. JULY THROUGH APRIL DOS MUST BE SUBM DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE	0	326	1422	1096
3404941	ALTH CENTER	24 8599 8517 10 21	17 77 76 43 203	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION ON PROCEDURE CODE/TYPE OF SERVICE COMBINATI DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR JUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SENEFIT PACKAGE. PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE AMTNC INELIGIBLE TO RECEIVE SE	0	326	1422	1096
3404941	ALTH CENTER PITT CO MM/DD/S AS CENTER	24 8599 8517 10 21 8599	17 77 76 43 203	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIMS DENIED, SUBMITTED BEYON D FILING TIMBLIMIT. JULY THROUGH APRIL DOS MUST BE SUBM DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE	0	326	1422	1096
3404941	ALTH CENTER PITT CO MH/DD/S AS CENTER BOANOKE CHOWANH	24 8599 8517 10 21 8599	17 77 76 43 203	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION ON PROCEDURE CODE/TYPE OF SERVICE COMBINATI DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR JUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SENEFIT PACKAGE. PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE AMTNC INELIGIBLE TO RECEIVE SE	0	326	1422	1096
3404941	ALTH CENTER PITT CO MH/DD/S AS CENTER BOANOKE CHOWANH	24 8599 8517 10 21 8599 537	17 77 76 43 203	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SEMEFIT PACKAGE. PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION ON PROCEDURE CODE/TYPE OF SERVICE COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM DATA OF COMBINATION OF PROCEDURE OR CLIENT AGE. VERIFY CID, DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. PROCEDURE IS NOT COVERED FOR T AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	51	326	1422	1096
3404941	ALTH CENTER PITT CO MH/DD/S AS CENTER BOANOKE CHOWANH	24 8599 8517 10 21 8599	17 77 76 43 203	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SENEFIT FACKAGE. PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SENEFIT FACKAGE. CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SENEFIT FACKAGE. PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPPS.	0	326	1422	1096
3404941	ALTH CENTER PITT CO MH/DD/S AS CENTER BOANOKE CHOWANH	24 8599 8517 10 21 8599 537	17 77 76 43 203	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SEMEFIT PACKAGE. PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION ON PROCEDURE CODE/TYPE OF SERVICE COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM DATA OF COMBINATION OF PROCEDURE OR CLIENT AGE. VERIFY CID, DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. PROCEDURE IS NOT COVERED FOR T AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	51	326	1422	1096
	ALTH CENTER PITT CO MH/DD/S AS CENTER BOANOKE CHOWANH	24 8599 8517 10 21 8599 537	17 77 76 43 203	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SENEFIT FACKAGE. PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION ON PROCEDURE CODE/TYPE OF SERVICE COMBINATI DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SENEFIT PACKAGE. CLAIMS DENIED, SUBMITTED BEYON D FILING TIMBLIMIT. JULY THROUGH APRIL DOS MUST BE SUBM DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE AMPINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	51	326	1422	1096
3404941	ALTH CENTER PITT CO MH/DD/S AS CENTER BOANOKE CHOWANH	24 8599 8517 10 21 8599 537	17 77 76 43 203	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SENEFIT FACKAGE. PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION ON PROCEDURE CODE/TYPE OF SERVICE COMBINATI ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIMS DENIED, SUBMITTED BEYON D FILING TIMBLINT. JULY THROUGH AFRIL DOS MUST BE SUBM DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS OR SERVICE INVALID F DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE AMTINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELICIBLE ON SERVICE CLIENT NOT ELICIBLE ON SERVICE	51	326	1422	1096
3404941	ALTH CENTER PITT CO MH/DD/S AS CENTER BOANOKE CHOWANH	24 8599 8517 10 21 8599 837	17 77 76 43 203	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SENEFIT PACKAGE. PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SENEFIT PACKAGE. CLAIMS DENIED, SUBMITTED BEYON D FILING TIMBLIMIT. JULY THROUGH APRIL DOS MUST BE SUBM DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SENEFIT PACKAGE. AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPPS.	51	326	1422	1096

							TOTAL	TOTAL
PROVIDER	-	HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404943	ALBEMARLE MENTA	21	78	DUPLICATE OF CLAIM-SYSTEM				
	L HEALTH CE							
		8599	44	DETAIL NOT COVERED BY COMBINAT				
		0399	44	ION OF RECIPIENT, PROVIDER AND	48	314	2882	2568
				BENEFIT PACKAGE.				
				BENEFII FACRAGE.				
		5404	37	SEVERE DUPLICATE: SAME ATTD PR				
		2404	37	OV/PCODE/TOS/DOS/MOD				
				01/10000/100/200/100				
3404944	EASTPOINTE HUMA	8599	169	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
	N SERVICES			BENEFIT PACKAGE.				
		8931	55	AMTNC INELIGIBLE TO RECEIVE SE	83	351	3646	3295
				RVICES IN IPRS.	0.3	331	3040	3293
				**				
		8621	30	60 RESIDENTIAL LEVEL III TREAT				
				MENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
3404946	FOOTHILLS AREAM	8599	241	DETAIL NOT COVERED BY COMBINAT				
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND				
	ENIAL REALI			BENEFIT PACKAGE.				
		8517	189	CLAIMS DENIED, SUBMITTED BEYON	119	968	7555	6587
				D FILING TIMELIMIT. JULY	113	300	,,,,,	0507
				THROUGH APRIL DOS MUST BE SUBM				
		191	136	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404957	TIDELAND MENTAL	21	15	DUPLICATE OF CLAIM-SYSTEM				
	HEALTH CTR							
		11	9	CLIENT NOT ELIGIBLE ON SERVICE	3	31	60	29
				DATE				
		5404	3	SEVERE DUPLICATE: SAME ATTD PR				
				OV/PCODE/TOS/DOS/MOD				
3404959	DAVIDSON CO MEN	0	0	*** NO DATA TO REPORT ***				
	TAL HLTH CT							
		0	0		0	0	0	0
3404979	NEW RIVER AREAM	8599	164	DETAIL NOT COVERED BY COMBINAT				
	H/DD/SA PRO			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	119	AMTNC INELIGIBLE TO RECEIVE SE	129	362	7520	7158
				RVICES IN IPRS.				
			20					
		11	38	CLIENT NOT ELIGIBLE ON SERVICE				
	1	1	1	DATE	1	l	l	1